

Send this completed form and attachments to:COMMISSION ON PROPRIETARY EDUCATION 302 W WASHINGTON ST RM 201 INDIANAPOLIS IN 46204

If you have any questions concerning this form, contact the commission at (317) 232-1320.

INSTRUCTIONS: (1) Complete the following in	nformation.					
Name of Reporting Institution					Name of Person To Contact	
Address of School/Institution (Number and Street)			one Numb	er	Has Accounting Basis Changed During the Past Five Years?	
)		Yes No	
City		State		ZIP code	If Yes, Explain:	
Accounting Year Period Covering						
Calendar Fiscal	through					
Form of Organization						
Proprietorship Partnership	□ Corporation	orporation				
Accounting Basis						
☐ Cash ☐ Accrual ☐ Other						
(2) Attach a prepared, legible financial statement. This must include an income statement (itemized statement of revenues and expenditures) for the period indicated above, and a balance sheet (itemized statement of assets, liabilities, and equity or fund balance(s)) as of the end of the period. COPE prefers, but does not require, audited financial statements which comply with generally accepted accounting principles.						
(3) Please indicate the amount of gross tuition revenues received by the reporting institution from Indiana residents and/or from all out of state residents instructed within Indiana for the period indicated above.						
(4) If the institution is part of a consolidated group, please provide the follow						
Name of Company				Address (Number and Street)		
City		State		ZIP code	State and Date of Incorporation	on
This is to certify that owns(Reporting Institution)						
and that the assets of this consolidation group will be used, if necessary, to insure the financial responsibility of said institution.						
Name of Parent Company Officer (Typed or Printed)					Signature of Parent Company Officer	
1					1	
(5) Complete and notarize the following:						
NOTARY CERTIFICATE						
STATE OF						
COUNTY OF						
I,, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.						
Signature of Applicant				Signature of Notary Public		
Printed or Typed Name of Applicant				Printed or Typed Name of Notary Public		
Date Subscribed and Sworn To (Notary Public)				County of Residence Date Commission Expires		